

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name **AMERICAN FUTURE FUND**(b) Address (number and street) ☐ check if different than previously reported
4225 FLEUR DRIVE #142(c) City, State and ZIP Code
DES MOINES IA 50321

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number**C** C30001028**3. Is This Statement**☒ **New**

or

☐ **Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2012

through

M M M / D D D / Y Y Y Y Y Y
01 / 24 / 2012**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y
01 / 24 / 2012(b) Communication Title Real State**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐ No ☐**8. Custodian of Records**

(a) Name

Sandy Greiner

(b) Address (number and street)

4225 Fleur Drive #142

(c) City, State and ZIP Code

Des Moines

IA 50321

(d) Name of Employer or Principal Place of Business

Self-employed

(e) Occupation

Farmer

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

2008.48

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Barbara SmeltzerSIGNATURE Barbara Smeltzer[Electronically Filed] DATE 01/25/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.